

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

| I. Name of Lobbyist(s): Paul A. Worsowicz; Heidi L. Kroll | | | | | |
|---|--|--|--|--|--|
| II. Name of Lobbyist's partn | ership, firm or corporation, if any: | | | | |
| GALLAGHER, CALLAHAN & GARTRELL, P.C. 214 North Main Street, Concord, NH 03301 | | | | | |
| 603-228-1181 | 603-226-3334 | | | | |
| (Telephone) | (Fax) | (Email) | | | |
| III. This statement covers: (creportable expense transaction | Choose one – file separate reports for ns which are not attributable to any | each client, OR you may file a separate report for one client.) | | | |
| All reportable transaction | ons occurring in the month prior to the | reporting date relative to the following client. | | | |
| | LIFE COPING | , INC. | | | |
| (Full | Name of Client as it appears on the Lo | | | | |
| All reportable transaction unrelated to any particular control of the control of | ons by the lobbyist (including the lobby lar client. | ist's family), or the lobbying firm listed below which are | | | |
| IV. Date of Report: A | oril 25, 2018 🗵 | July 25, 2018 □ | | | |
| Reports cover: activity fre | om date of registration to 3/31/18 | activity from 4/1/18 to 6/30/18 | | | |
| Od | etober 31, 2018 □ | January 30, 2019 □ | | | |
| activity | from 7/1/18 to 9/30/18 | activity from 10/1/18 to 12/31/18 | | | |
| V. There have been no fees re If this box is checked, complete Concord, NH 03301. | ceived and no reportable transaction just this form and submit it to the Secr | s made since the last report. etary of State's Office, State House, Room 204, | | | |
| VI. Check if additional repor | rts are attached: | | | | |
| | s or made expenditures, you must file | Addendum A – Fees and Expenses | | | |
| If you have paid an hone Expense Reimbursemen | t | nust file Addendum B – Report of Honorariums or | | | |
| If you, your firm, or you | ir family has made political contribution | ns, you must file Addendum C – Political Contribution | | | |
| Sworn Statement/Affirmation I have read RSA 15, RSA 15-B to the best of my knowledge and | and RSA 664 and hereby swear or affi | rm that the foregoing information is true and complete | | | |
| 2 . / | | | | | |
| (Signature of Lobbyist) | rang/ | (Date) | | | |
| (Signature of Loodyist) | | (Date) | | | |
| Paul A. Worsowicz | | | | | |
| (Print Name of lobbyist) | | | | | |

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APR 25 2018

NEW HAMPSHIRE DEPARTMENT OF STATE T



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| I. Name of Lobbyist(s) | Paul A. Worsowicz; Heidi L. Kroll | | | | | | |
|---|---|--|---|---|--|--|--|
| II. Name of lobbyist's pa | artnership, firm or corporation, if any: | | | | | | |
| | GALLAGHER, CALLAHAN & GARTRE | ELL, P.C. | | | | | |
| (Name of partnership, firm or corporation) | | | | | | | |
| III. Name of ClientI | LIFE COPING, INC. | _ Date | April 25, 2 | 2018 | | | |
| lobbying, including fees for | of all fees received from the client identified above or services such as public advocacy, government relating legislation, and related legal work. The gross is | ations, or p | public relatio | ns services, | | | |
| a) Total of all fees receive | ed in this reporting period | | a) \$ | 4,975.00 | | | |
| | ed this calendar year, prior to this reporting period. total prior monthly reports for this calendar year.) | | b) \$ | | | | |
| c) Total of all fees receive (Add lines a and b) | ed to date. | | c) \$ | 4,975.00 | | | |
| d) Indicate the amount of yet been paid. | any such fees that are due, but have not | | d) \$ | .00 | | | |
| fees. Separate reports are lobbyist(s)/firm that are us are to be reported in one reporting period for salar expenses where the expenses where the expenses where the expenses of a ceremonial estatement of each individual covered by (a) (for exampling given to the subject of lo legislative reception). Expenses. | therships, firms, or corporations are required to re- to be filed for expenditures made relative to each conrelated to any one client a separate report may be of three categories of expenses: (a) the aggregaties, benefits, support staff, and office expenses; (diture was of \$25.00 or less (for example: meals pass, purchase of a pen with a value of less than \$10 to object given to a person being lobbied with a value and expenditure made during this reporting period of le: purchase of a meal with value of greater than \$25 to be penses for honorariums, expense reimbursement, of dishould not be reported on Addendum A. | lient and i filed for the total of the total of the agourchased that is given of \$25.00 f greater than the transfer tran | f expenditure the lobbyist(s f all expense gregate total during a buse on to the pers 0 or less); an nan \$25.00 fo se of a ceren \$50, restaura | es are made by the sylfirm. Expenses are paid during the of all individual iness lunch where son being lobbied and (c) an itemized or any purpose no nonial object to be out expenses for a | | | |
| support staff, and office ex b) Total aggregate of expe | ses for this reporting period for salaries, benefits, expenses, related directly or indirectly to lobbying. | a) \$ b) \$ | | 4,875.00 | | | |
| in a), of \$25 or less. | | c) \$ | <u> </u> | .00 | | | |
| c) Total of all itemized ex | spenditures reported in detail in section VI. | | | 100.00 | | | |

| Lobbyist Fees & Expenses, Addendum A – Page 2 Client: LIFE COPING, INC. | |
|---|---------------------|
| d) Total expenses for this reporting period. (Add lines a, b and c.) | d) \$4,975.00 |
| e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's report.) | e) \$ |
| f) Total of all expenses year to date. | f) \$4,975.00 |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fees duperiod, including by whom paid or to whom charged. | ring this reporting |
| Paid to: State of NH | Amount \$ 100.00 |
| State Of Wil | \$ |
| | \$ |
| | \$ |
| | \$ |
| Sworn Statement/Affirmation by Lobbyist | |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the fore is true and complete to the best of my knowledge and belief. | going information |
| (Signature of lobbyist) 4-16 (Da | (p - 1 8" |
| (Signature of lobbyist) (Da | ie) |
| Paul A. Worsowicz (Print Name of Lobbyist) | |
| (Finit Name of Loboyist) | |

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

| | _ | | | | |
|--|--|---|--|--|--|
| Name of Lobbying partr | nership, firm or corpora | tion: GALLAGHER, CAL | LAHAN & GARTRELL, P.C. | | |
| Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Life Coping, Inc. | | | | | |
| | | | | | |
| Date of Report (check o | ne): | | | | |
| April 25, 2018 | July 25, 2018 🗆 | October 31, 2018 | January 30, 2019 □ | | |
| I have read RSA 15, RS. following Addendums submitted): | A 15-B, RSA 664, the submitted with that State | Statement of Income and Exement (insert the number of | penses described above, and the Addendum forms being | | |
| 1 Addendum A(s). | | | | | |
| 0 Addendum B(s). | | | | | |
| 0 Addendum C(s). | | | | | |
| I hereby swear or affirm complete to the best of n | | | d each Addendum is true and | | |
| History 3.1 | Las | | 418.18 | | |
| (Signature of Lobbyist) | | | (Date) | | |
| Heidi L. Kroll | | | | | |
| (Print Name of lobbyist | t) | | | | |